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ABSTRACT

Initially differentiating ideas of self-concept, personality, and self-esteem, this paper discusses the development of the self from infancy through adolescence. The discussion of infancy focuses on learning about bodily self and related disruptions and describes the emergence of the social and independent self. The discussion of toddlers and preschool children deals with having separate thoughts, concepts of "me" and "mine," skill development and temper tantrums, comparisons, games and time, the looking-glass self, interest and security, identification with parents, and behavior and health problems. School-age children are discussed in relationship to teachers, playmates, the concrete self, autonomy, depression and poor self-esteem, and behavior problems and common illnesses. With regard to adolescence, the document explores the role of abstract thought, self-consciousness, popularity neuroses, overdifferentiation, intellectualization, asceticism, depression, physical appearance, identity, unemployment, symptoms of disruption in self-concept development, hypochondriasis, and anorexia nervosa. (RH)

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Unit for Child Studies

Number 27

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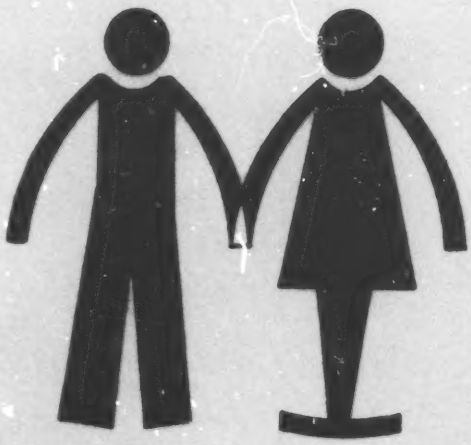

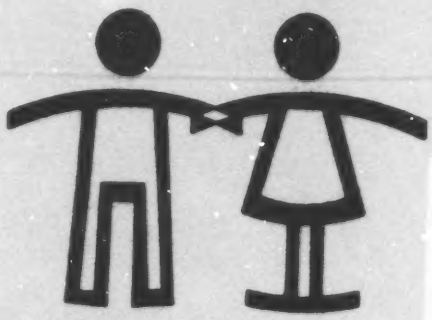

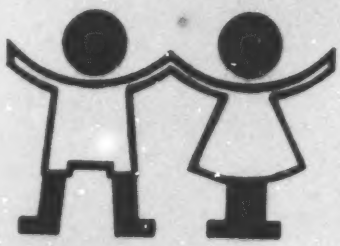

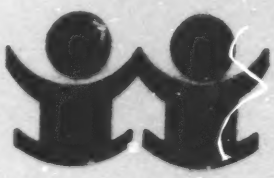

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SELF CONCEPT AND SELF ESTEEM INFANCY TO ADOLESCENCE
A COGNITIVE DEVELOPMENTAL OUTLINE WITH SOME REFERENCE TO BEHAVIOUR AND HEALTH EFFECTS

Dr Shelley Phillips

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SELF-CONCEPT AND SELF-ESTEEM
INFANCY TO ADOLESCENCE

A COGNITIVE DEVELOPMENTAL OUTLINE WITH SOME REFERENCE TO BEHAVIOUR AND HEALTH EFFECTS

Shelley Phillips *Unit for Child Studies*

WHAT IS THE SELF-CONCEPT and SELF ESTEEM?

Initially, it may be useful to distinguish *self-concept* and personality. Personality is something people appear to be. It is as others see you. Self-concept is as you see yourself. If you were to complete a sentence beginning with "I am" several times on paper, or in your head, you would have said something about your self-concept. For example, you may have said: "I am male or female"; "I am easy going or bad tempered", and so on. Self-concept involves one's beliefs, attitudes and feelings toward one's abilities and disabilities; it includes one's positive and negative character descriptions, ideas, attitudes, values and commitments. *Self-esteem* involves the degree of self acceptance of oneself as one is and whether one feels basically competent in the things that matter to one. For example, if you are poor at cooking, or have a larger than average nose, and it is not important to you, it is not a self-esteem issue. Usually, self-esteem issues relate to self acceptance and one's perceptions of one's emotional and social confidence and self assertion (Ellis, Gehman & Katzenmeyer, 1980). Further, if you see yourself as something that the world around has negative views toward (perhaps, for example, you are unemployed or a member of an ethnic or religious minority), then this may well affect your self-esteem.

Can it be changed? is the question. The self-concept and self-esteem are based on behaviours - for example, the way you react in social situations, or how you play golf, or cook, or study. Thus, if you are a poor student and study effectively and gain a credit, your self-esteem improves.

The self-concept also involves being able to distinguish between two types of experience - those which have *self-reference* and those which do not. For example, you can distinguish your movements from those of others. In some cases, where people cannot do this, the self-concept is not properly formed and a psychopathological condition exists (Laing, 1975). Self also involves a sense of *continuity*. You may have changed your behaviours in the last ten years, but you are still you. Some do not have this sense of continuity and such a case is well exemplified in the study of *Sybil* (Schreiber, 1973).

Most people can say or sense something about their self-concept in the terms I have outlined but was it always so? It is believed that the answer is largely "no", and that the self-concept is learned throughout infancy, childhood, and adulthood.

INFANCY

Learning a Bodily Self

It is believed that at birth infants have no concept of bodily separateness. It is suggested that the infant has to learn about bodily separateness, and where his/her body ends and that of the caretaker begins. This learning involves physiological and neurological development whereby the infant learns to grasp, and touch separate others, and also involves the departure and return of caretakers which gives the experience of separateness. Most important is whether the baby experiences a sense of bodily comfort through cuddling during feeding and at other times, for babies at first develop a sense of self through their bodies and senses. Infants also need to learn and experience that they are able to initiate good responses in others, for example, through reciprocal smiling (Phillips, 1982b).

Disruptions in an Early Comfortable Bodily Sense of Self

Now, although the early work of Bowlby (1953) has been criticised, some of it can be usefully revamped in a cognitive developmental fashion. Bowlby's study demonstrated that food is not enough for babies to want to thrive, but rather than stress purely maternal attachment the cognitive developmentalists suggest that in order to thrive, a baby needs a comfortable bodily sense. If they do not have it they may fall into a depression, or fail to thrive, even die, or cry miserably and perpetually. Crying can be for a number of reasons, but when all other diagnoses fail, the hypothesis that there has been a disruption in the development of a good, comfortable sense of body is worth testing. Some types of incessant colic, sleep disturbance, or head banging, may possibly have such origins. The practical question is "How might one deal with such problems on the basis of experience in child development?"

Let us take a case study of a head banging infant:

> The parents were very well educated professionals. They were exceptionally proud of their very bright and engaging eighteen-month-old infant whom we will call Debbie. Debbie had recently begun climbing out of her cot and banging her head on the floor. The local doctor's advice was that such behaviour was not uncommon at this age and that the parents should not worry because Debbie would grow out of it. The parents were not satisfied and sought further advice on child development. Investigation revealed two important and obvious factors. The parents were boastfully parading Debbie as the wonder child. They were also both very inhibited and did not express affection to each other or Debbie. Fortunately, they had seen it as a shortcoming in themselves and with encouragement began to cuddle Debbie a little, albeit somewhat shyly at first. Gradually they extended this, although they never became the most affectionate of parents. They also curbed their burning need to parade Debbie after attending some self-esteem classes. The head banging stopped. This may have been coincidence, but many cases like this have been observed.

Thus, in infancy, some medical or behavioural problems may be alleviated by informing those concerned of the nature of self-concept development. Often, as in the above case, information is sufficient. Some will want to

seek further - or perhaps find a place such as the Unit for Child Studies for more help with relevant reading material and, perhaps, some coping or interactional skills.

There is no right or wrong about this, for different skills suit different parents. The problem is that in these days of smaller families, many parents feel that they have not had a chance to gain experience by observing others, and that they need a little non-directional and non-judgemental help in a place such as the Unit for Child Studies. Another good place for such help could, perhaps, be the offices of the medical practitioner who is typically consulted first in such cases. There are cases where a medical practitioner or paediatrician who has been interested and able to gain good training in child development has offered child development sessions as part of his/her practice as a preventative measure.

The Emergence of the Social and Independent Self

In infancy, games of social interaction with caretakers, such as dropping objects for others to pick up, peek-a-boo, or imitating speech sounds, enhance the development of the sense of self as a social being. By 12 to 15 months, infants are beginning to demonstrate self choice and preference and may resist being dressed or taking a bath. Some caretakers are very threatened by the loss of the physically passive baby and they do not appreciate that these emerging, individual behaviours are milestones in self-concept development (Phillips, 1982b). Head-on power struggles ensue and sometimes, in these cases, one is presented with an infant with feeding problems because the child, learning that its own attempts at independence are self-threatening, is stressed.

Such caretakers often feel less threatened when they are given information about the infant's growing sense of individuality and, where the behaviour is inconveniencing necessary routines, cope by using skills which do not make the infant frightened of his/her embryonic attempts at independence. These skills include turning the infant's resistance into a game, diversion or rapid,unemotional removal.

TODDLERS AND PRE-SCHOOL YEARS

Separate Thoughts

Having learnt a separate sense of bodily self, children in pre and primary school need to learn that their thoughts are separate from others. Young children tend to think others, and especially their mothers, know what they are thinking or see things as they do (Phillips, 1979). Many roaming pre-schoolers, feeling quite safe with themselves, are bewildered by the anger and distress of their parents when they are retrieved from some interesting corner of the suburb or department store. Only be being "naughty" and not "found out" and through frequent conversations and games with other children, do pre-schoolers begin to learn that their thoughts are theirs alone (Phillips, 1979).

Me and Mine

In toddlerhood and the pre-school years, the sense of separate self is increased by having a name, a family, and a few possessions (Bee & Mitchell, 1980). Thus, the concept of self is extended by the inclusion of "me" and "mine". It should be noted that children often use interaction around toys to define boundaries between themselves and other children. Thus, claiming toys is not simply a negative or aggressive behaviour, but an im-

portant part of children's definition of themselves, within their social world. It is a positive sign of increased self-awareness, and an attempt to make sense of the other child as a separate social being (Levine, 1983).

Skills and Temper Tantrums

Increasingly, young children also explore the other dimensions of self. "What can I do?" "Where can I go?" "What happens if?" (Erikson, 1959). They particularly test the boundaries of their physical skills which is why they so often reject attempts to help, and insist on doing things for themselves. When frustrated in this self learning process, they may throw a temper tantrum. Temper tantrums are often particularly prevalent at 2 and 4 years of age, which seem to be peak years in trying to develop new skills and thus, a sense of self competence with them (Gesell, 1954).

Thus, many temper tantrums may express this struggle to develop a competent sense of self, and care with punishment is needed if the child's sense of competence is not to be crushed.

Brief, positive instructions accompanied by diversion, unobtrusive assistance, or rapid unemotional removal, achieves much more than power struggles, for children at this age tend not to be able to inhibit behaviour with negative verbal instructions (Tikhomirov, 1958). Again, parents often feel they missed out in the experience of observing others interacting with toddlers and appreciate a few relaxed group demonstrations in progressive medical practices or centres, as above.

Comparisons

By establishing how they are like others, and how they differ from them, young children develop a sense of who they are. To this end, pre-schoolers actively engage in some comparison (Mosatche & Bronganier, 1981). They compare their age (I'm older because I'm 4½ and you are only 4), their activities (I can jump higher than you), or their possessions (My doll is bigger than yours). These verbal exchanges are often misinterpreted as boastful and the child is bewildered by shaming or punishment for it. The latter often has the reverse effect of that intended.

Games and Time

Games and play have an essential function in self-concept development, for a sense of competence in many physical and social skills is learnt through them. Some games, such as games with parents and playmates, and saying "Here I am" help the child represent self in different spatial positions. Conversations and activities involving time and "younger and older" help the pre-schooler develop a sense of age and the realisation that he/she is older or younger than others. At this stage, children are also beginning to incorporate their sex identity in their sense of self, although there is only partial awareness that sex cannot be changed (Kohlberg & Ullian, 1974). For example, some three and four year olds, when asked if a girl could become a boy, may say she could if she cut her hair and put on boys' clothes (Kohlberg, 1966). Labelling by significant others appears to be important in learning sex identity (Money & Erhardt, 1972).

The Looking Glass Self

Parents and significant others play an important role in building the young child's self-concept (Hamachek, 1978) If told often enough that they have

characteristics or tendencies, children tend to develop them. Admittedly, they bring something to the situation, but often it is relative or subjective. For example, a baby who is slow to adapt to new foods may be described as "fussy" by the parents who then generalise the label so that "normal" hesitancy in toddlerhood or pre-school is seen also as fussiness. Thus, the child is seen as fussier than normal and he/she may be told so often that he/she is thus, that by school age the child has incorporated the idea into the self-concept and is, indeed, a very fussy child. However, the process is usually very complex and sometimes overlain with double messages so that the child is not picking up the message intended by parents. For example, telling a child often that he/she is naughty with the intention of influencing him/her to "good" behaviour may, in fact, lead the child to incorporate naughtiness in his/her self-concept and act accordingly.

In a recent study (Fahey & Phillips, 1981a), it was found that many children could only describe themselves negatively. "I am a bad girl. I don't share my sweets." "I'm not nice. I don't help my mum." Actually, our society has some rather hostile beliefs about the nature of children (Phillips, 1982a) and hence, our discipline tends to be of a negative kind. At the Unit for Child Studies we try to help parents discipline children in a positive way and turn the typically negative messages into ones that let the child know that there is a belief that he/she is basically competent (Fahey, 1980). Thus, instead of a purely negative reprimand such as "You forgot to shut the door again stupid!", disciplining statements can be rephrased into positive expectations such as "I know you can shut the door. I've seen you do it, so remember next time." Parents also need encouraging to keep in mind the necessity of saying things 3,000 times to children and getting them to act the required behaviour. Parents nowadays, without the back-up of the extended family, are involved in a patient and long-term conditioning process. They may need help in understanding that they can be most competent in this teaching role. Parents need encouraging in the belief that they are competent as parents.

Through the appraisals of adults, the pre-school child learns about his/her special qualities. "I have rosy cheeks", "I am a good runner". These appraisals act as a mirror in which children see and assess themselves. Parents and teachers who positively and realistically mirror their child's activities are laying the basis for that child's self acceptance and self-esteem. Sometimes, this mirroring process is not in accordance with the child's needs:

> Annie, aged 6, comes home from school with a painting of which she is proud, and for which she was praised at school. Instead of viewing it with pride, father turns the conversation to himself and his drawing successes at school. These overshadow Annie's achievements. Father has selected his response in accordance with his own needs and the focus of the mirroring is diverted from Annie. This pattern of behaviour has been repeated invariably, and Annie has no opportunity at home to see a successful reflection of herself.

Similarly, some children, as indicated earlier, receive only negative appraisals and this influences their self-concept and their behaviour. The problem is that pre-schoolers cannot think abstractly and cannot, therefore, stand back and judge those who are judging them. They accept adults and their judgements as omnipotent (Piaget, 1965). In extreme cases such as child abuse, the abused child may believe he/she deserves the abuse.

Interest and Security

Interest shown by parents, especially fathers, not placing children in unfavourable comparisons with others, and providing them with a sense of security and acceptance are all important for good self-concept development in children (Phillips, 1979).

> Mr and Mrs B had two sons. The elder, David, was eighteen months older than the younger, Andrew. To most observers as toddlers there was little to distinguish the boys, but Mr and Mrs B became convinced that David was the "brighter" of the two. The parents had both wished for more education than they had been able to attain and, as David grew older, they became convinced he would fulfill their own shattered dreams. Relatives, visitors, teachers, were consistently informed in front of the boys that David was the brighter of the two. Some relatives felt that initially, this judgement was not based on fact. The boys were very different certainly. Andrew took more interest in pictures and drawing, while David showed greater persistence in getting puzzles right and learning to write correctly. The latter behaviours influenced the parents, and they saw them as more "academic". The appraisals of David as the bright one and Andrew as "not as bright" were repeated daily in front of the boys. By 10 years of age, Andrew's self-esteem was very poor. He expected to be "no good" at anything and was withdrawn and "touchy".

Parents cannot be superhuman, but a secure child who believes in his/her competence and acceptance, can handle a parent's occasional off days or moments. It is the insecure child with poor self-esteem who cannot and sees ill will in every remark and expects defeat around every corner.

Identification

In pre-school, children also learn to identify with the parents. They take on some parental characteristics, not just in an imitative way, but as though they want to be the parents. Here the role of affectional attachment to the parents seems to be important (Bowlby, 1980). Modelling is also an important process. Children observe how others are rewarded for various behaviours, and may incorporate them into their behaviour (Bandura, 1977). Often, for example, aggressive behaviour or "naughty" behaviour is the only way a child can get attention (Balsom, 1981).

In Summary

The pre-schooler's self-concept includes name, age, body image (physical appearance and size) activities (habitual actions, acts of competence and helpful acts) and material possessions (Keller, Ford & Meacham, 1978). The pre-schooler's self knowledge is "physicalistic" rather than psychological (Damon & Hart, 1982). Young children have a very "present" oriented view of themselves which is closely tied to experiences with other people and the environment in which they live. This "here and now" concept of self may seem superficial to an adult but has great meaning for the child and forms a basic part of his/her being (Schell & Hall, 1982).

Behavioural and Health Problems

At six years of age the child is very much under adult constraint. So much is this so that six-year-old children often seem small clones of their parents. There is the consistent demand to be good and fit the self-concept to what the child may feel are impossible standards. Sometimes this manifests itself in depression and eating problems, even in the best of families.

Dichotomously, along with the hostile model, our society has a romantic model and this denies that children can suffer depression (Phillips, 1981a). Further, if a symptom such as head banging in infancy, or poor appetite at six, is fairly common, it is sometimes seen as a developmental trend and the tendency is for the medical and other helping professions to become concerned about this only if it persists to a much later age where it is not usual. This attitude is now under discussion and challenge (Costello, 1980), particularly in the light of self-concept research. Is it not better to test the hypothesis that there may be disruption in self-concept development, especially if helping the child develop a sense of self-esteem and competence may alleviate otherwise uncomfortable symptoms?

As indicated earlier, informing caretakers or professionals about self-concept development is often all that is needed and since it is the general practitioner to whom parents first take children with such problems it would seem useful if the general practitioner's professional rooms could have a small collection of up-to-date child development books. Child development journals and papers could be included in the waiting room reading fare.

SCHOOL AGE

Teachers

Once the child enters school, teachers can play an important role in the child's self-concept. For example, they play a highly significant role in inducing sex typed behaviour (Tavris & Offer, 1977; Fagot, 1977) despite their beliefs that they are behaving otherwise (Serbin et al., 1973). Above all, they greatly influence a child's sense of self competence in relation to school tasks. Children in early and middle primary school often regard their teachers with awe, and their appraisals are very important to them. In order to help schools with information and skills, the Unit for Child Studies has run many programmes for teachers on self-esteem building in children and the first paper on the Selected Papers list is most popular with them, as is the book *100 Ways to Enhance the Self-Concept* (Canfield & Wells, 1976), although it should be pointed out that the latter needs adapting to the Australian idiom. Thus, there is literature available as indicated in this paper, to assist Parents and Citizens Groups, and teachers, to run their own programmes on building self-esteem in schools.

Playmates

From groups of playmates or peers children learn a great deal about successful and unsuccessful behaviours and include them in their own self repertoire according to group comparisons. For example, research suggests that whatever the child has learnt at home, cross gender play is not encouraged by peers and their criticism and intervention strengthen sex stereotypes (Lamb, Easterbrooks & Holden, 1980). Children also model themselves on behaviours they see rewarded in others. For example, popular children tend to be ones who praise, approve and are friendly to other children (Masters & Furman, 1981), and their behaviour is imitated by others as social coinage. Popularity also varies according

to skills and situation. If children stage a play they generally assign leadership to the imaginative child or, in organising a game, listen to the athletically skilled child. Peer models can encourage altruism as well as aggression or disobedience (Hartup & Coates, 1967).

Children can also obtain realistic estimates of their skills by playing with other children, and this is important for a well-rounded self view. Left to their own devices, children play games with one another which explore capabilities and skills in an adaptive manner. Where adults involve children in highly competitive games, it is likely that self-esteem is affected by anxiety. Comparisons with other children in school attainment (together with teacher praise and criticism) also figures in children's estimates of the negative and positive aspects of their concepts of themselves as a learner (Fahey & Phillips, 1981b).

In fact, when they enter school, for most children, the biggest factor in self-concept development is that they are evaluated in terms of how well they do in comparison with other children of their own age for the first time. This eventually affects children's judgements about themselves as they rely increasingly on comparisons with others. Although six-year-olds do not always feel bad when they fail, and may pay little attention to how their performance compares with that of their peers, eight-year-olds are more likely to be distressed at failure and pay close attention to information about the way they measure up to the level of their peers (Ruble et al., 1976).

Thus, it is important that children have the background support that enables them to feel competent in areas which are important to them. They need to feel that they can succeed reasonably if they try. Unfortunately, where a sense of competence is inadequate, there is a tendency to see success as due to luck and failure as due to lack of ability (I'm dumb). Again, the aforementioned book *100 Ways to Enhance the Self Concept* for parents and teachers, can help with self-esteem building skills, as can Unit for Child Studies Selected Papers 1 and 7.

The Concrete Self

At the beginning of the school year, children think quite concretely and their view of self is likewise. It revolves around the visible and the practical such as their name, where they live, body image (I'm skinny) and group memberships (I'm a girl guide). At this age, children also begin to include their interests in their self view. These are usually also of an active and concrete kind. They have also developed a firm concept of sex identity based primarily on physical differences between the sexes (Kohlberg & Ullian, 1974). Sex role concepts or behaviour and roles that society prescribes for the sexes become more stereotyped. At this age fathers, in particular, may start demanding more stereotyped sex roles for their male and female children (Bee, 1978; Phillips, 1981b).

In the later school years, or around 8 years of age, children begin to become aware of the inner or subjective nature of self. One is distinct from others not simply because one looks different or has different material possessions, but because one has different thoughts and feelings. Thus, some psychological attributes are included in the self description (said one ten-year-old: "There could be a person who looks like me but never a person who thinks exactly like me" - Damon & Hart, 1982). At this stage, therefore, children begin to include personal qualities such as "I am shy" or "a hard worker". The child is also beginning to realise that another person's

clothing, hair or possessions may change, but they also have inner qualities which remain the same. It is almost like a Piagetian conservation task applied to personality rather than water or beads. They have learnt that changes in surface attributes do not signify changes in personality (Shantz, 1975).

As children become more aware of themselves as separate beings, or as their sense of individuality develops, so their awareness of the differences of others increase. A seven-year-old's description of a friend does not distinguish him/her greatly, and describes him/her either in terms of joint physical activities or things they have in common ("We play together"). But by age eleven there is a sharp increase in comaprisons and especially in terms of personal qualities ("He's cleverer than me") (Honess, 1980).

Along with these understandings of differences and personal qualities, children's empathetic skills increase, and they begin to understand that others may react differently to the same event and begin to be able to put themselves in the other's place (Kurdek, 1978). They may also begin to consider what they were in the past and likely to be in the future. Children from higher socioeconomic areas will include their ambitions much earlier in their self descriptions than disadvantaged children (Fahey & Phillips, 1981a).

More Autonomous

During the school years with these increased cognitive abilities, the self-concept broadens and children become more capable of self criticism and can take more buffeting. They also push for greater self autonomy by spending less time in the family and more with playmates. Many may become more secretive with their parents and less angelic (Phillips, 1979). Perhaps they will demonstrate their new individuality by being sloppier in dress and language than previously, and engaging in small gang naughtinesses such as stealing apples from the neighbour's trees. Children at this age enjoy sentence completion games "I am", "I have", "I can". This gives insights into their self-concept (Fahey & Phillips, 1981b).

Depression and Poor Self-Esteem

Thus, in the primary school years, the child has a great deal to contend with, and it is not surprising that the child's self-esteem may plummet on entering school. There can be an added problem for boys who have, in the pre-school years, probably spent more time with their mothers than their fathers, and incorporated many female sex roles into their self concept (for example, not being rough). These roles may be scorned as "sissy" and inappropriate upon entering school. In fact, it is suggested that nowadays, boys are required to be a lot tougher and more distinct from females upon entering school than in the nineteenth century, where boys and girls tended to play more similar games. It is suggested that this process causes anxiety in many boys and they are more prone to depression than girls at this time (Phillips, 1979). Support, sympathetic listening, discussion of the issues, and praise for competence, is very important to the child at this time.

Behavioural Problems and Common Illnesses

Once again, when all other hypotheses have failed, it can be practically helpful to explore the hypothesis that the child's ill health or behaviour may relate to anxieties about an insufficient sense of competence and poor self feelings. Any one of the following have been found to relate in middle childhood to depression and problems with self-concept development: night-

mares, headaches, tummy upsets, deteriorating school performance and attention-seeking devices such as lying or stealing, which may be symptoms of children who feel rejected. Truancy, running away, or masochism as in the following case, may also demonstrate self-esteem problems:

> Phillip was continually beaten up by the other children at school. The school counsellor discovered that Phillip had very poor self-esteem and saw himself as deserving of the punishment by other children. It was invited by him as a self-fulfilling prophecy.

Some cases of hyperactivity are also self-esteem problems, as in the following case:

> Jonathan was the "golden" child. He was seen by his parents as excessively bright when, in fact, he was probably only a little brighter than average. He was pushed into all kinds of activities to "extend" him, such as stage plays, choirs, modelling, and pressed very hard to excel at pre-school and school. By 5 years of age Jonathan was diagnosed as hyperactive. Feingold diets, drugs, physiotherapy and psychiatry did nothing for Jonathan. Jonathan also suffered many headaches and stomach problems. His parents saw his behaviour as a product of "over brightness". When Jonathan was 10 the parents, in despair, went to a young general practitioner who was very interested in the new trends in holistic medicine and particularly self-esteem programmes. He took Jonathan off the drugs and recommended the parents to some child development and self-esteem classes. The father has particularly found it hard to give up the notion that Jonathan is super bright. Jonathan had been delegated to fulfill many of the parents' social ambitions. However, good progress was eventually made.

Eneuris and other elimination problems may sometimes be self-esteem problems.

> Georgie, aged 5, had been attending a counselling clinic for 3 years. He plastered his faeces over the walls of his house. Punishment achieved nothing. Although the mother had been seen frequently, investigation did not extend to the father until the third year of therapy when it was discovered that father had had a similar habit as a child. Father believed it to be in the nature of children to do such things. The belief supported the notion that he was normal. Georgie had picked up the message which very much confused his view of himself. He was a very unhappy child, prone to many stomach complaints.

Children are often delegated in this way by parents, or turned into the family scapegoat. Other children are treated as the parents and the parents reverse roles with them, as in the following case of school phobia.

> Polly was good at school but was often away. Black marks achieved nothing. Investigation revealed that the mother was a very dependent and nervous person who was indirectly making Polly feel that she should stay home as support. Polly was very unhappy and confused about her behaviour. She suffered many tummy disorders.

Some children are deliberately naughty, having learnt that it can divert parents from quarrelling. Their confusions about wanting to be a good self, but needing to be a bad one, to solve a family problem is very confusing for their self view and can take the concrete form of somatic complaints. Traffic and other accidents can also be cries for help when a child is feeling seriously unacceptable (Phillips, 1981a).

Yet, these kinds of cases are not all that unusual. Even within the most loving and supportive families, children experience a sense of incompetence every now and then, and most children have experienced some of the behavioural manifestations which may suggest poor self-esteem as indicated at the beginning of the section. A new school, a new teacher, a period of stress in the family, and a lot of other factors may make a child feel inadequate.

As stated previously in this paper, without the benefit of the extended family, parents who are concerned, may experience difficulty in finding reasonable, uncensorious information. Some feel they are admitting a weakness if they read a book or go to a seminar on any topic to do with children, although they do not necessarily feel inadequate if they go to a lecture on cooking, carpentry, or how to invest their money. Yet there are indications that where parents join short, non-directive courses on child development, the self-concepts of their children differ positively from those who do not (Summerlin & Ward, 1978).

ADOLESCENCE

The Role of Abstract Thought

Whereas the self-concept of primary school children is largely action based, during adolescence self understanding shows an increasing use of psychological concepts ("I think I consider popularity as more important than I should") and social concepts ("I am friendly so I make friends easily") (Damon & Hart, 1982). There also develops an awareness of self reflection ("I saw myself back in primary school - I could sit back and watch myself"), and an awareness of one's own self-awareness. Adolescents also learn to reflect upon their own diversity ("Among friends I am talkative - at home I am quiet"). By late adolescence they are able to integrate this diversity into a coherent system of self understanding. ("I am talkative with my friends because they think I am interesting. At home I am quiet because no one listens") (Damon & Hart, 1982).

These in-depth changes in the self-concept are closely related to experience and biological changes. They are also possible because during adolescence there is a gradual development of abstract thought and the ability to think hypothetically and deductively, and to combine relationships in a wide range of possibilities and hence, see things from another's point of view. These abilities may not be established until 16, 17, or 18.

The first stage in this ability for abstract thinking is often the process of differentiation where adolescents distinguish their thoughts and ideas from those of their parents. At the same time, the ability to judge those who judge them, or have assessed them in the past, increases. As mentioned earlier, in late childhood, children have begun the push for self autonomy on a predominantly activity level by doing things with playmates outside the family. Adolescents seek intellectual autonomy as well. Excited about their newfound thought processes and discovering that they can think in the head, without reference to the activities and concrete props needed in their childhood, they tend to indulge these processes by exaggerating the differ-

ences in their own and their parents' ideas. They may become hypercritical of parents and accuse them of hypocrisy or having double standards.

Erikson (1974) suggests that if parents are not coming in for some criticism they should be concerned that their adolescent does not feel free to test self individuation. He believes parents should not surrender but put their point of view as the clash of perspective helps the adolescent see his/her views from another perspective.

Some other facets of the influences of the development of abstract thought upon adolescent self-concept development can be seen in the adolescent's self conscious concern with popularity, a tendency to histrionics, intellectualisation and asceticism.

Self Consciousness

In the initial stages of the developing ability for perspective taking, the adolescent is apt to become particularly self-conscious for he/she can now not only conceptualise his/her own thoughts, but also the thoughts of other people. Since the adolescent's concern in this period of rapid physiological, biological and self development tends to be him or herself, he/she tends to think others are similarly obsessed. He/she fails to differentiate between the directions and concerns of the thoughts of others and those of his or her own. Thus, adolescents tend to feel *on stage* and spend much of their time constructing or reacting to an imaginary audience, even when among their peers (Elkind & Bowen, 1979). The fast line, the dramatic entrances, the acts and the self deprecations, are symptoms of this belief.

Popularity Neuroses

This tendency to feel on stage, together with the uncertainty about self which is understandably part of the as yet immature self-concept, leads to an overconcern with the opinion of one's peers. In contemporary society, adolescents tend to congregate together and outside the varying age models within the family. They model themselves on their own age group and the pop culture. Because of their self uncertainty, adolescents, while protesting their difference from their parents, tend to fear to be different in any way from their peers, yet they do not recognise their conformism and see only the differences from adults. There is often a concern for popularity, a fear of peer gossip or rejection, which can reach neurotic proportions.

Over Differentiation

While under differentiating may be observed in some aspects of self-concept development, in others there is over differentiation. There is a tendency for the individual adolescent to believe that no one has the unique experiences or feels as intensely as he/she does. "No one understands me". There is a tendency to construct a *personal fable* of one's especial uniqueness (Elkind, 1967).

Intellectualisation

Having found they can think, adolescents tend to intellectualise as a defence. They may indulge in highly intellectual and seemingly impersonal discussions on sex, authority or other areas which cause them anxiety (Conger, 1977). This approach requires handling with a respectful sensitivity.

Asceticism

Some adolescents go through a stage of investing their self-concept entirely in their thought processes and attempt to ignore their physiological and biological self by denying themselves food, drink, sleep and elimination functions. Others go in for extremes of deprivation to test the physical limits of self.

Depression

Adolescents try to integrate the experiences gained from childhood games and role plays, and create a mature self with consistent goals and values. Many adolescents mourn the passing of the permissable inconsistencies and fantasies of childhood. They may complain that they have lost their childish self and feel empty or lack feelings. This is recognised and explored in the commercialised world of adolescent culture and music. Visual effects accompanying popular songs about happy birthdays and other events are given a childlike emphasis.

Some adolescents also worry that at the end of the physiological and biological changes of adolescence their bodies may not be a good enough home for the self-concept constructed from their thought processes.

Physical Appearance

If one thinks about it, the physical self plays an important role in one's feelings and attitudes toward self. It is believed that the body image remains the core of the self-concept throughout life and influences how we judge ourselves (Lerner & Spanier, 1980).

In primary school years, and particularly in adolescence, it becomes very important as more is learnt about one's appearance, physical prowess and skills by comparison with others and others' appraisal. Research suggests that, in some such cases, these appraisals may have negative consequences. For example, some juvenile delinquents believe their physique is inappropriate for their sex and act out their poor self-esteem. Certainly, movies, television, advertising, and the worship of the heroes and heroines of the electronic media, perpetuate reverence for a stereotyped body image for males and females, and for some, it may be more pervasive than the influence of parents.

However, on the whole, research suggests that where children and adolescents are allowed to feel secure and competent, and where parents and peers and significant others do not make an issue of deviance from socially stereotyped expectations, it does not seem to affect self-concept greatly (Hamachek, 1978).

Nevertheless, physical changes of the magnitude experienced by adolescents have a significant effect on how both sexes feel about themselves, and adolescents who feel unacceptable or have low self-esteem may become anxious about their body image, even though their development is well within the normal range (Peterson & Taylor, 1980). The social context is a major factor in these outcomes.

For example, many adolescent girls are likely to have an ambivalent feeling about their developing breasts. They may be both proud and ashamed. The shame is often a product of some attitudes toward, and jokes about, the female bosom engendered by social taboos and the ambivalence of significant male figures, as in the following case:

> Erica had been a delightfully co-operative child and the apple of her father's eye. Father was somewhat of an unconscious mysogynist. He chased young females yet made sneering references to the female sex, derogatory jokes about women and, at times, exhibited disgust towards his wife's sexuality. In adolescence when Erica began to develop breasts, she began to starve herself. Her behaviour became serious. Psychotherapy revealed a fear of developing female characteristics in case her father rejected her and a fear to develop a sexual identity which he, and hence, she, regarded so poorly.

Adolescent boys are particularly concerned about such characteristics as a circle of fat around the hips and thighs, under developed external genitalia, or the development of subcutaneous tissue in the breast region. Although such developments as fatty hips and breast growth are normal and usually soon disappear, they are often a source of great embarrassment to a boy. Late maturing boys may particularly suffer from a poor self-esteem (Hamachek, 1978).

Particularly among females there has been a change in the direction of earlier premarital sexuality. The recent openness on sexual matters seems to make many adolescents of both sexes feel their own sexual activities are below normal (Offer, Ostrov & Howard, 1981), but, like most adults, most adolescents do not condone promiscuity. Unlike most adults, adolescents believe that premarital intercourse is permissable for them where the partner is loving. Nevertheless, this can, in some cases, create greater self-esteem problems for girls than boys as double standards still seem to apply in high schools (School of Education research film). Further, since most adolescents regard their sex lives as a personal matter, they tend not to discuss these problems with parents (Sorenson, 1973). The matter may best be discussed in a non-personal way through brief magazine articles or television programmes. The self-esteem of the mother, and the attitude of the father to his daughters, seem very important in the daughter's self-esteem and confidence about her sexual identity (Bee, 1978).

Identity

Often, in the developmental literature, the terms "identity" and self-concept" are used almost synonomously. However, the concept of "identity" is used frequently to refer to one's self-definition in the contemporary, socio-political and economic context. Self-concept is probably a broader term embracing personal and esteem elements as well as one's sense of identity in the socio-economic context. One who has formulated a theory of adolescent identity which is favoured by many psychiatrists, and some psychologists and educators, is the neo-Freudian, Erik Erikson (1974).

Erik Erikson (1974), suggests that the adolescent is not only asking "Who am I?", but "Who am I in the world today?". In our society, young people are given a time to work these things out. In Erikson's words there is a "moratorium" or an adolescent period in which one may act in a "not yet adult" fashion, or even a little childishly, as one rehearses for adult roles. It is "time out" for questioning, testing, and practising. Some, however, at an early age, take over their parents' values and incorporate them into their self-concept without any questioning, thus achieving a *premature* identity. Erikson believes a searching period is preferable.

One of the problems with Erikson's theory (1968) is that while it usefully conceives of adolescent identity developing in the social context it retains the outdated view that female identity is dependent on male support. While he describes males as achieving their identity through the typical male stereotype of autonomy, initiative and industry, he describes the female as

holding her identity in "abeyance" until she finds a man to rescue her from her "emptiness" and loneliness by filling the "inner space". This dependency view of the woman's self-concept is male-oriented and socially induced - a point which Erikson fails to discuss (Lerner & Spanier, p 379).

One of the more useful of Erikson's concepts is that of "negative" identity, or the process of stepping outside existing conventions to make one's own culture. The use of "negative" is, perhaps, unfortunately value laden.

Nevertheless, in some adolescent sub cultures such as the adolescent punks of the eighties, or the "flower" children of the sixties, we see an attempt to step outside social norms and so be noticed and not lost in the crowd. Through unconventional hair styles, dress, and make-up, the punk can shock adult culture and achieve an audience. These sub cultures tend to have their own music and songs, and much of it concerns the search for self and identity in the world today. This kind of searching has long been the concern of writers and musicians, and is exemplified in Ibsen's Pier Gynt and Pier's search for identity, or the confused strivings of Biff in Arthur Miller's "Death of a Salesman", and those of Holden Caulfield in Salinger's "Catcher in the Rye".

Unemployment

Erikson's emphasis on the social context of self-concept and identity development is indeed important. Social and group values figure enormously in what the adolescent endeavours to make of him/herself. For example, for most, society and education encourage the self expectation that one becomes an employed person. Serious disruption to self-concept and self-esteem occurs when influential social expectations cannot be fulfilled. Poor self-esteem may be expressed in hopelessness, illness, depression, drug usage, and delinquency.

Some Symptoms of Disruption in Self-Concept Development in Adolescence

There are many of these in adolescence and, once again, when all other hypotheses have not proved fruitful, problems in relation to self-concept can be explored. For example, psychophysiological disturbances have many causes but, for some children, they may be triggered by feelings of incompetence in relation to authoritarian and punitive parents, and contingent emotions of anger, anxiety and depression. For example, in some cases of asthma, there may be rapid remission as soon as the adolescent is referred to a specialised residential treatment centre (Conger, 1977).

Hypochondriasis

Rapid physical and sexual changes in the adolescent inevitably focuses the adolescent's attention on the physical self, and sometimes, anxieties about other matters such as self-confidence and security, may be diverted into concrete manifestations such as cramps, or stuffy noses, which adolescents may exaggerate. They may imagine something is wrong with their heart beat, breathing, or digestion. Sometimes the anxieties about self-concept in relation to emotional confidence or stability may be so overwhelming that the adolescent fears he/she is going crazy. Dismissing such symptoms exacerbates the problem. In such cases, the adolescent needs the opportunity to talk about his/her self developmental tasks. Suitable reading on self-concept development in terms that relate to adolescence or adolescent novels and films, may be recommended (Phillips, 1983).

Anorexia Nervosa

The tendency to undereat to the point of malnutrition and a twiggy type appearance often has its onset during adolescence and occurs more often in girls than boys, although research from the University of Arizona in the *New England Journal of Medicine* (October, 1983), suggests that fanatical male runners exhibit the same obsessions as young women with anorexia nervosa. The research on adolescent female anorexics indicates a number of background factors. As young children they are/were often outstandingly good, quiet, obedient, clean, eager to please, helpful at home, precociously dependable and excelling in school (Bruch, 1973). They were the pride and joy of their parents, and great things were expected of them. In many cases, the parents have exerted such firm control during childhood, that the child had difficulty in establishing a sense of self and confidence in his/her ability to make decisions by him/herself.

Such a regulated child may become focussed on parental cues and controls as determinants of behaviour and not learn to respond to her own bodily cues. She fails to recognise the cues of hunger, fatigue and, despite severe malnutrition, many exhibit hyper-activity. Even when reduced to a grotesque skeleton-like appearance, the adolescent may deny that she is thin and continue to worry about becoming fat. A paralysing sense of ineffectiveness, a feeling of being enslaved, usually masked by surface negativism and stubborn defiance makes treatment difficult. It is suggested that such cases may need family therapy to help the adolescent develop an identity separate from the parents (Conger, 1977).

CONCLUSION

Many other illnesses and behaviours may have self-esteem elements. Depression or alcoholism may, in some cases, involve disrupted self-concept development and poor self-esteem. Some cancers appear to be triggered by self-esteem threatening situations. Medical procedures and hospitalisation where the patient feels excessively dependent and uninformed or deprived of self initiative, may undermine self-esteem. For example, a study of mothers whose babies' births were induced, suggested that many of them felt they had "failed" to accomplish the birth by their own natural processes. This appeared to also affect their feelings of adequacy in the early stages of mothering (Trowell, 1982).

The aggressive person, or the boastful person, is often one who is protecting poor self-esteem by an outwardly showy facade. The arrogant professional may actually be one whose esteem is severely threatened because he/she does not know all the answers, but wishes to convey the impression he/she does. Children with handicaps such as epilepsy (Young, 1983) or learning or reading problems, may become excessively naughty because their teachers or caretakers regard them poorly and do not allow them to express their potential. They are frustrated by their incompetence. Rejected children, or children suffering the departure of a parent during a divorce are often exasperatingly naughty, aggressive and negative because they feel unworthy (Phillips, 1979). Too often, such children are mistakenly assessed as spoilt when what they need is, in fact, patient affection, attention, and self-esteem.

As indicated at the beginning of this paper, self-concept and self-esteem are based upon behaviours. Thus, where self-esteem is poor, positive behaviour changes which actively involve a sense of competence have a good effect. Parents and professionals may benefit by adaptations of the programmes suggested in this paper. These are helpful in the family, school, hospital, and similar settings.

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